



MONTANA STATE HOSPITAL POLICY AND PROCEDURE

SUBSTANCE-RELATED AND ADDICTIVE DISORDERS EVALUATION

Effective Date: August 11, 2015

Policy #: RTS-02

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- I. PURPOSE:** To provide guidelines for substance-related and addictive disorders evaluations at Montana State Hospital (MSH).
- II. POLICY:**
 - A. MSH treatment teams recognize that people suffering from serious mental illness frequently have co-occurring substance-related and addictive disorders, which may require concurrent and integrated treatment.
 - B. MSH retains an adequate number of qualified staff in order to provide timely and effective screening and evaluation of patients for substance-related and addictive disorders.
 - C. MSH professionals provide substance-related and addictive disorder screening and evaluation services in order to manage a patient's potential for withdrawal, clarify the patient's diagnosis, develop appropriate treatment plans, provide appropriate treatment, and develop appropriate aftercare plans.
 - D. MSH Health Information and Management staff adhere to the unique confidentiality laws related to alcohol and drug abuse records when releasing records.
- III. DEFINITIONS:**
 - A. Qualified Licensed Professional – A Licensed Addictions Counselor, Licensed Clinical Social Worker, Licensed Psychologist, or any other licensed professional qualified within the scope of their practice to evaluate, assess, and treat substance use disorders and mental illness.
 - B. Licensed Independent Practitioner (LIP) – An individual licensed to diagnose health conditions and prescribe medicine to treat health conditions.
 - C. Licensed Addictions Counselor (LAC) – An individual who specializes in assessing, diagnosing, and treating substance-related and addictive disorders who has obtained a license according to state law §37-35-202, MCA.

- D. Addiction Counselor Intern – An individual who is in the process of completing the requirements for licensure as a LAC. The Intern works under the supervision of a LAC or other qualified and appropriately credentialed professional.

IV. RESPONSIBILITIES:

- A. LIPs – Identify patients with a potential for withdrawal, provide treatment to reduce potential for health problems related to withdrawal, assess substance use history, and identify patients needing additional screening or assessment. Write orders for substance-related or addictive disorder screening or assessment.
- B. Medical Clinic LIP – Identify patients with a potential for withdrawal, provide treatment to reduce potential for health problems related to withdrawal, and collaborate with other LIPs in the management of substance-related and addictive disorders.
- C. Licensed Addictions Counselor (LAC) – Receive referrals for screening or evaluation, clarify the referral question, review the records, and consult with the treatment team. Complete screening and assessments according to state laws, federal laws, and professional standards. Document and communicate screening or evaluation results and recommendations.

V. PROCEDURE:

- A. Admissions Screening, Examination, Evaluation, and Treatment
1. The LIP responsible for admitting a new patient will review the available records, interview the patient, conduct a mental status examination, and consider the potential for substance withdrawal and associated health problems according to MSH policy #PS-04, Psychiatric Assessment. When possible, the LIP will obtain emergency room records and laboratory studies to clarify the withdrawal potential.
 2. The Medical Clinic LIP will complete a Physical Health Assessment of the newly admitted patient according to MSH policy #PH-06, Physical Health Assessment.
 3. The admitting/attending LIP will consult with the Medical Clinic LIP as indicated to clarify a patient's withdrawal potential and develop an appropriate plan for observation and treatment.
 4. The admitting/attending LIP, in consultation with the Medical Clinic LIP, may consider the need for outside medical services to prevent life-threatening withdrawal.
- B. Substance-Related and Addictive Disorders Screening and/or Evaluation
1. The attending LIP, in consultation with the treatment team, will consider the patient's need for additional screening or evaluation and make orders, referrals, and requests as indicated (Request for Special Consultation,

Evaluation, or Treatment - Attachment A). The attending LIP will document the order in the medical record.

2. The request for a substance-related and addictive disorder screening or assessment will be routed to the LAC supervisor for assignment to a qualified evaluator.
3. The evaluator will review the referral, review the patient's records, and consult with the treatment team to determine what level of evaluation is indicated (screening or evaluation).
4. The evaluator will assess the patient's mental condition, readiness to participate in the evaluation, and develop a plan of evaluation.
5. The evaluator will provide the patient with a thorough clarification of the reason for the evaluation, description of the evaluation procedures, and potential uses of the evaluation results. In most cases, the evaluator will seek informed consent for the evaluation, from the patient or guardian. The evaluator will respect the patient's right to refuse the screening or evaluation. In the case of a court-ordered evaluation, the evaluator will clarify the order and still seek informed consent.
6. The evaluator will adhere to the professional standards for screening and evaluation (ASAM standards). Standard methods of screening and evaluation will be implemented. Any deviations from the standards that may compromise the reliability or validity of the evaluation will be noted in the evaluation report.
7. If the treatment team recommends referral to an intensive inpatient treatment program, and the patient is interested in the same, the evaluator will attempt to conduct the evaluation required for admission to most intensive treatment programs ((Biopsychosocial Assessment).
8. The LAC or qualified licensed professional will interpret screening and/or evaluation information, record impressions in the medical record, make recommendations for an appropriate level of care, and work with the treatment team to meet the needs of the patient. The LAC may assist the team by identifying an appropriate community-based treatment program, assisting with the referral, and coordinating admission.
9. The treatment team will consider the results of the screening or evaluation and adjust patient's diagnosis, treatment plan, and aftercare plan as indicated.
10. The evaluator will communicate the results of the screening or evaluation in a report to the treatment team. The report will adhere to professional standards of evaluation (ASAM) and include all required categories. The report will contain the confidentiality standard that applies to alcohol and drug abuse information as a reminder to the treatment team.
11. The report of the screening or evaluation will only be released to others according to federal standards for the release of alcohol and drug abuse information (42 CFR Part 2).
12. The MSH Health Information Department will follow federal standards for the release of this alcohol and drug abuse information (42 CFR Part 2).

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13. The substance-related and addictive disorders screening or evaluation report will become a permanent part of the medical record, which may include the electronic health record. Upon readmission, a copy of the most recent report will be made and sent to the patient's chart.

- VI. REFERENCES:** Federal laws: 42 CFR 2.1 to 2.67; 42 CFR 482.21. State laws: M.C.A. §37-35-201, §37-35-202, §53-24-301, §53-24-306. Professional standards: American Society of Addiction Medicine (ASAM).
- VII. COLLABORATED WITH:** Director of Clinical Services, Medical Director, Recovery Center Program Manager, Licensed Addiction Counselors, Hospital Administrator.
- VIII. RESCISSIONS:** #RTS-02, *Chemical Dependency Assessment and Referral* dated May 18, 2010; #RTS-02, *Chemical Dependency Assessment and Referral* dated September 1, 2006; #RTS-02, *Chemical Dependency Assessment and Referral* dated October 24, 2003; #RTS-02, *Chemical Dependency Assessment and Referral* dated February 14, 2000; HOPP #TX-01.01, *Chemical Dependency Assessment and Referral* dated December 1995.
- IX. DISTRIBUTION:** All hospital policy manuals.
- X. ANNUAL REVIEW AND AUTHORIZATION:** This policy is subject to annual review and authorization for use by either the Administrator or the Medical Director with written documentation of the review per ARM § 37-106-330.
- XI. FOLLOW-UP RESPONSIBILITY:** Director of Clinical Services
- XII. ATTACHMENTS:**
A. Request for Special Consultation, Evaluation, or Treatment

_____/____/____
John W. Glueckert Date Time
Hospital Administrator

_____/____/____
Thomas Gray, M.D. Date Time
Medical Director

Request for Special Consultation, Evaluation, or Treatment
Montana State Hospital

I. Identifying Information

Patient name: _____ ID #: _____ Unit: _____
Guardian's name: _____ Guardian's phone: _____

II. Request

Date of request: _____ Requested by (print): _____
LIP signature authorizing request: _____
Priority of request: ☐ Emergency (call the contact) ☐ Urgent ☐ Routine

III. Requested from (department/service)

Contact: Number:

<input type="checkbox"/>	Psychology (evaluation, testing, psychotherapy)	Sarah DeBois	7093
<input type="checkbox"/>	Counseling (mental health counseling)	Sarah DeBois	7093
<input type="checkbox"/>	Chemical Dependency (evaluation, CD counseling)	Sarah DeBois	7093
<input type="checkbox"/>	Social Work (social services, disability benefits)	Sherri Bell	7005
<input type="checkbox"/>	Group Homes (screenings, placement)	Sherri Bell	7005
<input type="checkbox"/>	Peer Support (peer mentoring and support)	Beth Eastman	7145
<input type="checkbox"/>	Rehabilitation (evaluation, placement)	Beth Eastman	7145
<input type="checkbox"/>	Religious/Spiritual (evaluation, counseling)	Beth Eastman	7145
<input type="checkbox"/>	Vocational (evaluation, counseling, placement)	Beth Eastman	7145
<input type="checkbox"/>	Other: _____		

IV. Requested Service

☐ Consultation (list specific request or referral question): _____

☐ Evaluation (list specific request or referral question): _____

☐ Treatment (list specific request): _____

V. Request Received and Assigned (completed by receiving department)

Received by (print name): _____ Date: _____
Assigned to (print name): _____ Date: _____
Note: _____